



## FROM THE DESK OF THE DDSN MEDICAL CONSULTANT

### KEYS:

- **Plenty of Fluids**
- **Enough Fiber**
- **Enough Exercise**
- **Regular Habits**
- **Avoid Problem Medications**

Written by:

Graeme Johnson, M.D.

MEDICAL CONSULTANT

SCDDSN

3440 Harden Street Ext.

PO Box 4706

Columbia, SC 29240

PHONE:

803-898-9808

FAX:

803-898-9656

E-MAIL:

gjohnson@ddsn.state.sc.us

EXTRANET:

10-003155/pronet



## CONSTIPATION

In our first notes we mentioned severe constipation as a possible cause of intestinal obstruction. It is rare that constipation is this serious but in our care of persons with developmental disabilities we often have problems helping our consumers have regular bowel movements.

### What is Constipation?

Constipation is when a person has fewer than three stools a week and the stool is hard or needs straining to pass. Healthy persons may have bowel movements from three times a day to once every three days. A daily bowel opening is not necessary and there is no proof that wastes stored in the gut are absorbed and are bad for health. However, if there are more than three days without a bowel movement, the problem can get worse as the bowel contents tend to harden and become difficult to pass. This can cause pain and even small tears (fissures) in the anus (the bottom opening of the bowel), which may bleed or cause more pain making it even more difficult to have a bowel movement.

### What Causes Constipation?

The bowel moves its contents through by a squeezing action and then empties them through the anus by using a well-organized muscle and nerve system in the gut wall. The bowel contents are easiest to move if they are soft and have plenty of fiber in them. At the anus the contents (feces) are pushed out by actions of the stomach and pelvis muscles that change the angle of the bowel at the anus. The bowel squeezes the stool out at the same time as it relaxes the ring of muscle (sphincter) that usually holds the anus closed. If any of these actions are changed, it can cause constipation.

### Why do we notice the problem in persons with developmental disabilities?

Many of our consumers have neurological problems and their gut nerve and muscle networks are not as active as most people

so our consumers may have slow gut movement. Very often our consumers do not have enough fluids with their meals, snacks or in between. This is an important reason for the bowel contents to get hard making them more difficult to move through. If we are not careful and the persons that we care for do not have enough fiber and fluid in their diet this can lead to problems.

Exercise helps the bowel to be more active so our less mobile consumers are more likely to have constipation. Also, many persons with disabilities are on medicines that can slow the gut. Watch for constipation if a person is on antacids, anticonvulsants for seizures, antidepressants, tranquilizers, iron supplements, drugs for tremor, for urinary control or the person is using narcotics or other drugs for pain relief.

A regular private time for toileting is important and sometimes our consumers do not have regular times and habits that help with easy bowel opening. These are all reasons that our consumers can have trouble with constipation.

### Watch For:

- Regular bowel movements
- Ease of passing stool
- Any bleeding from anus
- Swelling or pain of abdomen
- Possible foreign bodies

### What Do We Need to Watch For?

If a person has a few days without a bowel movement, it can cause hardened stool and pain when trying to pass a movement. Sometimes the contents of the bowel fill up the lower bowel and stretch it. The hard stool can stay there and liquid stool leaks around it causing leakage and liquid soiling. Both these patterns - delay and soiling -

may mean we need to think of possible constipation.

We also need to pay attention if a consumer has swelling of the abdomen. If they have discomfort, a marked or longstanding change in bowel habits, any bleeding from the bowel (anus) or a change in behavior with a swelling of the belly please ask your health professional to assess the person. Some persons who have these problems may have serious conditions (even cancer) especially if they have a history of both diarrhea and constipation, bleeding, or loss of weight.

In persons with self-stimulatory or self - injurious habits we also need to be aware of the risk of them pushing some object into the bowel and blocking it.

### How Can We Prevent Constipation?

It is most important the person has enough fluids. We need to give at least 5 - 8 glasses (each of 8 ounces) of fluid a day. This may need extra effort to make sure the consumer actually drinks all of this. If they do not drink this much please report it.

Everyone should include plenty of fiber in his or her diet (this includes the members of the care team as well as the consumers). Fiber needs plenty of fluid to soften it. Always remember to give liquids with the fiber. Prunes and prune juice can be helpful.

We need to help our consumers have as much exercise and movement as possible. This is good for general health and to reduce constipation. Regular bowel emptying habits help prevent constipation. A regular time to use the toilet is best. Privacy is helpful and for some consumers correct positioning allows the



stomach and pelvis muscles to act better to help with passing the stool.

### How Do We Treat Constipation?

We hope to prevent it particularly by giving enough fluid. Sometimes we also need to give extra fiber by mixture (Citrucel, Metamucil, Fibercare, etc) or pill (Fibercon, etc). These methods will work only if there is enough fluid in the gut and we must give liquid with them. Other medicines work by increasing the water in the stool and around it in the gut so that the intestine will push the stool along. Some medicines that work this way include lactulose (Duphalac), docusate (Colace) and magnesium mixtures such as milk of magnesia (MOM) magnesium sulfate (Epsom salts) and magnesium citrate. Other drugs such as senna (Senekot), cascara (Pericolace), and bisacodyl (Dulcolax) appear to also make the stool moister and stimulate the bowel to move.

Some of these agents can cause cramping. Sometimes the bulk agents (Metamucil, Citrucel, Fibercon) can cause excess gas. Another side effect that we do need to be aware of is the risk of aspiration if oily medication is used. Mineral oil and castor both help soften the stool and move the bowel but we do need to be cautious and avoid them in persons who can reflux or vomit and aspirate.

The new mixtures such as Miralax and Colyte are very effective in the same way but there is some evidence that they may also cause an oily change in reflux if it is present which may present an aspiration risk.

Most of these drugs are given by mouth but some can be given as suppositories in the anus. Enemas are sometimes needed to treat a serious impaction when stool is blocking the bowel. They need to be given carefully.



If we encourage our consumers to take plenty of fluids, some fiber, good exercise and regular bowel habits we will help prevent constipation becoming a major problem. We do need to be alert for times that a consumer does not have a bowel movement for three days, or has pain on passing stool, bleeding, any signs of abdominal swelling or pain. If these happen, please tell your health professional.

Consumers who do not speak may only show a change in behavior that their regular caregiver may notice. If a consumer has unexplained behavior changes, or even if they have an unexplained seizure, check for the time of the last bowel movement. If the last movement is more than three days ago, we need to consider possible constipation. If we are alert to the possibility of the problem we can manage it earlier and more easily

**Remember, prevent rather than treat!**